HEALTHY CONNECTIONS (HC) ONE LIMITH HOME L PRIMARY CARE PROGRAMS MEDICAID

TODAY'S TOPICS

- Changing PCP
- Provider Responsibilities
- ***** HC PCP Responsibilities
- HC Referrals
- Policy Updates
- ❖ FAQ

HEALTHY CONNECTIONS (HC) CHANGING OF PCP

Accepted by phone, fax, mail or secure E-Mail

Phone: 1-888-528-5861

Fax: 1-888-532-0014

HCCR7@dhw.idaho.gov

- Immediate change requires contact with HC <u>PRIOR</u> to rendering services
- Change request accepted from participant, qualified family member or provider

HC CHANGING OF PCP

- **❖** PCP must have participant consent to make change
- PCP request indicates acceptance of primary care responsibilities
- Request received during non-business hours
 - Termed no further back than one day prior to request
 - New enrollment effective next business day

HC CHANGE OF PCP

- Mid-month change may occur only when participant remains in same benefit plan
- Change is not intended to facilitate payment or access to urgent care
- ❖ Failure to adhere to these policies may result in investigation by the Medicaid Program Integrity Unit

Provider Handbook, General Provider and Participant Information, Healthy Connections, Section 2.5

ALL PROVIDER RESPONSIBILITIES

- Verify Medicaid Eligibility/Enrollment
- Understand Benefit Plans/Coverage Codes
 - Provider Handbook, General Participant and Provider Information, Benefit Plans, <u>www.idmedicaid.com</u>
- Regularly check for updates
 - <u>www.idmedicaid.com</u>
- Obtain referral <u>PRIOR</u> to rendering services
- Communication/Coordination with PCP
- Report provider changes to Molina within 30 days

HC PCP RESPONSIBILITIES

- **the Enroll member (HC and IMHH)**
 - Phone call, Fax, Mail, Secure E-Mail
- 24/7 telephone access to medical professional
- Make timely referrals for medically necessary services not provided by HC PCP
- Coordinate patient care

HC PCP RESPONSIBILITIES

- **❖** Review HC PCP Roster
- **❖** Two (2) Rosters Available
 - Real Time
 - Monthly
- Report any changes within 30 days
 - Service locations
 - Rendering providers
 - Panel limitations
 - Hours of operation
 - Contact information

HC PCP RESPONSIBILITIES

- Provider requested disenrollment requires 30 day written notification sent to participant and HC
 - Coordinated Care Agreement, Section 2.8
- Without written notice received by HC, member remains enrolled

Provider Handbook, General Provider and Participant Information, Section 2.5.4.5

HC REFERRALS

- * Referral required <u>PRIOR</u> to rendering services
 - A request is not a valid referral
- Verify PCP office hours, office may have extended hours
 Urgent Care
- Referrals remain active if member changes PCP for duration of referral
- ❖ Referral not required within organization under same tax identification number
 - PCP to PCP only
 - At the discretion of organization

Provider Handbook, General Provider and Participant Information, Section 2.5.5

HC REFERRAL/REQUIREMENTS

Following are the required core referral elements:

- ❖ Date Issued
- Primary care provider issuing referral
- Referred to provider
- Start date of the referral
- **End** date of the referral (not to exceed one year)
- ❖Number of visits if applicable
- ❖ Diagnosis and/or Condition
- Referral reason:
 - Evaluate and treat, may include surgery
 - Assume Care
 - DME
 - Other
- **❖**Referral Limits or Restrictions if applicable

POLICY UPDATES

- ❖ Referral not required for pregnancy services regardless of provider type
- Mid month PCP change
- Billing of Medicaid participants for missed appointments
- Referral not required
 - If during episode of care, procedure changes to one requiring a referral
 - When DME is included as part of the discharge plan for an inpatient stay (for which a referral is on file) or ER visit

FAQ

- Do I need a referral if participant has primary insurance?
- What is a Qualified Medicare Beneficiary? (QMB)
- Is a HC referral required when a medical professional is billing Molina for mental health services?
- What does it mean when I see HC benefit plan, but a PCP is not listed?
- Where can I find additional information about the Healthy Connections Program?
 - <u>www.healthyconnections.idaho.gov</u>
 - www.idmedicaid.com

HEALTHY CONNECTIONS CONTACTS

Region	Contact Information			
Region 1	1120 Ironwood, Suite 102 Coeur d'Alene, ID 83814		1 (208) 666-6766 1 (800) 299-6766	
Region 2	1118 F St. PO Drawer B Lewiston, ID 83501		1 (208) 799-5088 1 (800) 799-5088	
Region 3	3402 Franklin Rd. Caldwell, ID 83605	1 (208) 455-7244 1 (800) 494-4133	515 N 16th Payette, ID 83661	1 (208) 642-7006 1 (800) 494-4133
Region 4	1720 Westgate, Suite B Boise, ID 83704		1 (208) 334-4676 1 (800) 354-2574	
Region 5	601 Poleline Rd., Suite 3 Twin Falls, ID 83301		1 (208) 736-4793 1 (800) 897-4929	
Region6	1090 Hiline, Suite 202 Pocatello, ID 83201		1 (208) 235-2927 1 (800) 284-7857	
Region 7	150 Shoup Ave, Suite 4 Idaho Falls, ID 83402		1 (208) 528-5786 1 (800) 919-9945	
Healthy Connections Customer Service	Phone 1(888) 528-5861 FAX 1(888) 532-0014 HCCR7@DHW.ldaho.gov		Spanish 1(800) 378–3385	

DAHO WEDICAID HEALTH HOME PROGREDULA ENTS

MEDICAID HEALTH HOME PROGRAM

- Whole person orientation
- Coordinated, Team-based Care management
- Health Information Technology
- Evidence-Based Medicine
- Quality Improvement/Assurance

HEALTH HOME: QUALIFYING CONDITIONS

Use Healthy Connections Roster Qualifying Conditions

- Serious and Persistent Mental Illness or Serious Emotional Disturbance (SPMI or SED)
- Diabetes and/or Asthma with a qualifying co-morbidity
 - Qualifying co-morbidities hypertension, dyslipidemia, coronary arterial disease (CAD), respiratory system disease, obesity, or tobacco.

HEALTH HOME: PROVIDER ELIGIBILITY

Family Practice
Internal Medicine
Pediatricians



HEALTH HOME: PROVIDER ENROLLMENT

Readiness Assessment
Telephone Consultation
Idaho Medicaid Health Home Addendum
Health Home Providers in your area

HEALTH HOME: REIMBURSEMENT

\$15.50 per member per month in addition to fee-for-service.

This is not in addition to the current PCCM payment received for the Healthy Connections program.



OPERATIONS

Provider Driven enrollment

- On-going enrollment
- Member "Opt-out"

Checking eligibility

"Idaho Medicaid Health Home Benefit Plan"

Referral Requirements



TESTIMONIAL

As a component of our newly implemented process, we utilize the patient's electronic health record to track referrals and outcomes of specialty care. Recently we discovered a mental health evaluation and testing referral that indicated more services were required for a child patient of ours. Our Care Manager reached out to the family, determined the patient was experiencing behavioral health issues disruptive to her schooling, resulting in her failure in that environment. The Care Manager made arrangements for a psychiatric medication evaluation, on-going counseling and coordinated school assistance through the school social worker. As a result of this care coordination, this child now has the therapy and support needed to thrive in school.

TESTIMONIAL

The family of a 6 year old child with severe asthma had been evicted from their home and was living in their car. This was exacerbating the child's asthma, placing her at risk for a crisis contact with an emergency room or a hospitalization. The RN Care Manager coordinated assistance for shelter placement of the family and contacted the school district social worker for continued case management of this at-risk family with a medically fragile child.

QUESTION AND ANSWERS



HEALTH HOME CONTACT INFORMATION

Heather Clark- 208-364-1863 Region 3, 4, 5, 6, and 7 <u>ClarkH@dhw.idaho.gov</u>

Donna Colberg – 208-665-8846 Region 1 and 2 Colberg D@dhw.idaho.gov

www.idahohealthhome.dhw.idaho.gov